

ATTACHMENT E - Consultant Disclosure

NOTE: This form is not required for the annual CHDO Re-Certification process.

Name of CHDO Applicant: _____

Consulting Organization: _____

Consultant Name: _____

Number of affordable housing projects the Consultant has provided consulting services for: _____

Please list all staff members of the Consulting Organization and their specific duties as it pertains to the implementation and training for the above Nonprofit organization:

Staff Member(s)	Specific Duties

List below the affordable housing projects that the Consulting Organization has consulted for in the previous 5 years (if applicable):

Project Name	Project Owner	Funding Source(s)

Attach a complete copy of the contract for consulting services.

Authorized signature of CHDO Applicant

Authorized signature of Consultant

Date

Date